

# MTW Family Report

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

## 1. MTW Agency

1a. Agency name			1a.
1b. PHA code		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1b.
1c. Program	P = Public Housing    PR = Project-Based Assistance T = Tenant-Based Assistance    M = Moving to Work Other		<input type="text"/> <input type="text"/> 1c.
1d. Project number (Public Housing only)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Suffix: <input type="text"/> <input type="text"/> <input type="text"/> 1d.
1e. Building number (Public Housing only)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1e.
1f. Building entrance number (Public Housing only)		<input type="text"/> <input type="text"/> <input type="text"/>	1f.
1g. Unit number (Public Housing only)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1g.

## 2. MTW Action

2a. Type of action			2a.
<div style="display: flex; justify-content: space-between;"> <div> 1 = New Admission  2 = Annual Reexamination  3 = Interim Reexamination  4 = Portability Move-in  5 = Portability Move-out </div> <div> 6 = End Participation  7 = Other Change of Unit  8 = FSS/MTW Self-Sufficiency Only  9 = Annual Reexamination Searching  10 = Issuance of Voucher equivalent </div> <div> 11 = Expiration of Voucher equivalent  12 = Reserved  13 = Annual HQS Inspection Only  14 = Historical Adjustment  15 = Void </div> </div>			
2b. Effective date (mm/dd/yyyy) of action			2b.
2c. Correction? (Y or N)			2c.
2d. If correction: (check primary reason)		<input type="checkbox"/> Family income correction <input type="checkbox"/> Family correction (non-income)	<input type="checkbox"/> PHA income correction <input type="checkbox"/> PHA correction (non-income)
2e. Date correction transmitted (mm/dd/yyyy)			2e.
2f. Repayment agreement? (Y or N)			2f.
2g. Monthly amount of repayment agreement		\$	2g.
2h. Date (mm/dd/yyyy) of admission to program			2h.
2i. Projected effective date (mm/dd/yyyy) of next reexamination			2i.
2j. Reserved			
2k. FSS participation now or in last year? (Y or N)			2k.
2m. MTW self-sufficiency program participation now or in last year? (Y or N)			2m.
2n. Reserved			
2p. Use if instructed by HUD			2p.
2q. PHA use only			2q.
2r. PHA use only			2r.
2s. PHA use only			2s.
2t. PHA use only			2t.
2u. PHA use only			2u.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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### 3. MTW Household

3a. Head of Household Member number 01	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation <b>H</b>	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity
							=3		=4	
							=5			
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)										

3a. Member number 02	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity
							=3		=4	
							=5			
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)										

3a. Member number 03	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity
							=3		=4	
							=5			
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)										

3a. Member number 04	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity
							=3		=4	
							=5			
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)										

3a. Member number 05	3b. Last Name & Sr, Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity
							=3		=4	
							=5			
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)										

#### Codes:

<b>3h. Relation:</b> H = head S = spouse K = co-head F = foster child/foster adult Y = other youth under 18 E = full-time student 18+ L = live-in aide A = other adult	<b>3i. Citizenship:</b> EC = eligible citizen EN = eligible noncitizen IN = ineligible noncitizen PV = pending verification	<b>3k. Race:</b> 1 = White 2 = Black/African American 3 = American Indian/Alaska Native 4 = Asian 5 = Native Hawaiian/Other Pacific Islander	<b>3m. Ethnicity:</b> 1 = Hispanic or Latino 2 = Not Hispanic or Latino  <b>3q. = Community Service</b> 1 = yes 2 = no 3 = pending 4 = exception 5 = n/a
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Head of household name				Social Security Number				Date modified (mm/dd/yyyy)			
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3a. Member number	3b. Last Name & Sr, Jr. etc.			3c. First name		3d. MI	3e. Date of birth			3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
							=3		=4		
							=5				
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)											

3a. Member number	3b. Last Name & Sr, Jr. etc.			3c. First name		3d. MI	3e. Date of birth			3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
							=3		=4		
							=5				
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)											

3a. Member number	3b. Last Name & Sr, Jr. etc.			3c. First name		3d. MI	3e. Date of birth			3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
							=3		=4		
							=5				
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)											

3a. Member number	3b. Last Name & Sr, Jr. etc.			3c. First name		3d. MI	3e. Date of birth			3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
							=3		=4		
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	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)											

3a. Member number	3b. Last Name & Sr, Jr. etc.			3c. First name		3d. MI	3e. Date of birth			3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
							=3		=4		
							=5				
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service requirement? (Public Housing only)					
3r. Total years of school (0-25)											

**Codes:**

<b>3h. Relation:</b>	<b>3i. Citizenship:</b>	<b>3k. Race:</b>	<b>3m. Ethnicity:</b>
H = head	EC = eligible citizen	1 = White	1 = Hispanic or Latino
S = spouse	EN = eligible noncitizen	2 = Black/African American	2 = Not Hispanic or Latino
K = co-head	IN = ineligible noncitizen	3 = American Indian/Alaska Native	
F = foster child/foster adult	PV = pending verification	4 = Asian	<b>3q. = Community Service</b>
Y = other youth under 18		5 = Native Hawaiian/Other Pacific Islander	1 = yes
E = full-time student 18+			2 = no
L = live-in aide			3 = pending
A = other adult			4 = exception
			5 = n/a

3s. Continued on an additional sheet? (Y or N)	3s.
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Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
3t. Total number in household		3t.
3u. Family subsidy status under noncitizen rule: C = Qualified for continuation of full assistance E = Eligible for full assistance F = Eligible for full assistance pending verification of status P = Prorated assistance		3u.
3v. Effective date (mm/dd/yyyy) if qualified for continuation of full assistance		3v.
3w. If new head of household, former head of household's SSN		3w.

#### 4. MTW Family Background at Admission

4a. Date (mm/dd/yyyy) entered waiting list	4a.
4b. ZIP code before admission	4b.
4c. Homeless at admission? (Y or N)	4c.
4d. Reserved	
4e. Continuously assisted under the 1937 Housing Act? (head of household only) (Y or N)	4e.
4f. Reserved	

#### 5. MTW Unit To Be Occupied on Effective Date of Action

5a. Unit address		
Number and street		Apt.
City	State	Zip code (+4)
5b. Is mailing address same as unit address? (Y or N) (If yes, skip to 5d)		5b.
5c. Family's mailing address		
Number and street		Apt.
City	State	Zip code (+4)
5d. Number of bedrooms in unit		5d.
5e. Has the PHA identified this unit as an accessible unit? (Public Housing only) (Y or N)		5e.
5f. Has the family requested accessibility features? (Public Housing only) (Y or N) (If no, skip to next section)		5f.
5g. Has the family received requested accessibility features? (Public Housing only) <input type="checkbox"/> a. Yes, fully <input type="checkbox"/> b. Yes, partially <input type="checkbox"/> c. No, not at all <input type="checkbox"/> d. Action pending (can be checked in combination with b. or c.)		
5h. Date (mm/dd/yyyy) unit last passed HQS inspection (Tenant-Based or Project-Based Assistance only, except Homeownership)		5h.
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Tenant-Based or Project-Based Assistance only, except Homeownership)		5i.
5j. Year (yyyy) unit was built (Tenant-Based or Project-Based Assistance only)		5j.
5k. Structure type (check only one) (Tenant-Based or Project-Based Assistance only) <input type="checkbox"/> Single family detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Rowhouse/townhouse <input type="checkbox"/> Low-rise <input type="checkbox"/> High rise with elevator <input type="checkbox"/> Manufactured home		

**Note:** The numbering for the following sections skips to Section 18. Form HUD-50058 MTW does not contain any sections labeled Section 6 through Section 17. Sections with these numbers were excluded to ensure that data elements on the regular Form HUD-50058 and Form HUD-50058 MTW have unique numerical labels.

## 18.MTW Asset Income

18a. Family member name	No.	18b.Type of asset (PHA use only)	18c.Calculation (PHA use only)	18d. Cash value of asset	18e.Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
18f, 18g Column totals				\$ 18f.	\$ 18g.
18h. Asset income excluded					\$ 18h.
18i. Reserved					
18j. Final asset income					\$ 18j.

## 19.MTW Income

19a. Family member name	No.	19b. Income code	19c. Calculation (PHA use only)	19d. Dollars per year
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
19e. Column total				\$ 19e.
19f. Income exclusions				\$ 19f.
19g. Income after income exclusions: 19e minus 19f				\$ 19g.
19h. Total annual income: 18j + 19g				\$ 19h.
19i. Deductions				\$ 19i.
19j. Adjusted annual income: 19h minus 19i				\$ 19j.

### 19b. Income Code

P = pension	S = SSI	G = general assistance	I = Indian trust/per capita
B = own business	F = Federal wage	W = other wage	N = other nonwage sources
SS = social security	T = TANF	C = child support	E = medical reimbursement
M = military pay	HA = PHA wage	U = unemployment benefits	IW = annual imputed welfare income
			X = MTW income

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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## 20. MTW Public Housing

20a. Type of rent	<input type="checkbox"/> Income-based	<input type="checkbox"/> Flat
20b. Tenant rent	\$	20b.
20c. Mixed family tenant rent	\$	20c.
20d. Utility allowance/estimate	\$	20d.
20e. Is this a ceiling rent? (Y or N)		20f.
20f. Reserved		

## 21. MTW Tenant-Based or Project-Based Assistance

21a. Indicate if flat subsidy or income-based rent (F = Flat subsidy I = Income-based)		21a.
21b. Number of bedrooms on voucher equivalent		21b.
21c. Is family now moving to this unit? (Y or N)		21c.
21d. Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 21g)		21d.
21e. Cost billed per month (put 0 if absorbed)		21e.
21f. PHA code billed		21f.
21g. Owner name		21g.
21h. Owner TIN/SSN		21h.
21i. Rent to owner	\$	21i.
21j. Utility allowance/estimate	\$	21j.
21k. Gross rent of unit	\$	21k.
21m. Flat subsidy amount, if any	\$	21m.
21n. Tenant rent to owner	\$	21n.
21p. Mixed family tenant rent to owner	\$	21p.
21q. Is this a ceiling rent? (Y or N)		21q.
21r. Reserved		

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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## 22. MTW Homeownership

22a.	Indicate if flat subsidy or income-based homeownership payment (F = Flat subsidy      I = Income-based)		22a.
22b.	Is family now moving to this home? (Y or N)		22b.
22c.	Date (mm/dd/yyyy) of initial HQS inspection		22c.
22d.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 22g)		22d.
22e.	Cost billed per month (put 0 if absorbed)		22e.
22f.	PHA code billed		22f.
22g.	Monthly homeownership payment (PITI & MIP if applicable)	\$	22g.
22h.	Utility allowance/estimate	\$	22h.
22i.	Other monthly allowance(s), if any	\$	22i.
22j.	Gross homeownership expense	\$	22j.
22k.	Flat subsidy amount	\$	22k.
22m.	Total family share	\$	22m.
22n.	Mixed family total family share	\$	22n.
22p.	Is this a ceiling family share? (Y or N)		22p.
22q.	Reserved		

## 23. Family Self Sufficiency (FSS)/MTW Self Sufficiency Addendum

23a. Participate in special program? <i>(check no more than one)</i> <input type="checkbox"/> FSS <input type="checkbox"/> MTW	
23b. Report category <i>(check no more than one)</i> <input type="checkbox"/> Enrollment <input type="checkbox"/> Progress <input type="checkbox"/> Exit	
23c. Effective date (mm/dd/yyyy) of action	23c.
23d. PHA code of PHA administering FSS contract	23d.
23e. Reserved	
23f. Reserved	
23g. Reserved	
23h. General Information	
(1) Current employment status of head of household. Check the box to indicate the head of household's employment status at the time Addendum completed. <input type="checkbox"/> Full-time (32 hours per week or more) <input type="checkbox"/> Part-time <input type="checkbox"/> Not employed	
(2) Date (mm/dd/yyyy) current employment began	23h(2).
(3) Benefits in current employment: <i>(check all that apply)</i> <input type="checkbox"/> Health <input type="checkbox"/> Retirement account <input type="checkbox"/> Other	
(4) Reserved	23h(4).
(5) Assistance received by the family: <i>(check all that apply)</i> <input type="checkbox"/> TANF Income Assistance? <input type="checkbox"/> General Assistance? <input type="checkbox"/> Food Stamps? <input type="checkbox"/> Medicaid/Children's Health Insurance Program? <input type="checkbox"/> Earned Income Tax Credit?	
(6) Number of children receiving child care services	23h(6).
23i. Family services table	

	(1) Need (Y or N)	(2) Needs Met Through Program (Y or N)	(3) Service Provider
Education/Training			
GED			
High school			
Post secondary			
Vocational/job training			
Job search/job placement			
Job retention			
Transportation			
Health services			
Alcohol and other drug abuse prevention services			
Mentoring			
Homeownership counseling			
Individual Development Account (IDA)			
Child care			
None			

23i (3) Service Provider Codes

P = PHA

D = DOL grantee

PR = For profit entity

E = Employer

T = TANF agency

V = Voluntary organization

N = Nonprofit agency

C = Community college



Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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<b>23j. Self-Sufficiency Contract Information</b>	
(1) Initial start date (mm/yyyy) of contract of participation	23j(1).
(2) Initial end date (mm/yyyy) of contract of participation	23j(2).
(3) Contract date (mm/yyyy) extended to <i>(if applicable)</i>	23j(3).
(4) Number of family members with Individual Training and Services Plan	23j(4).
(5) Did the family receive selection preference because of an FSS related service program participation? <i>(FSS enrollment report only)</i> (Y or N)	
<b>23k. Escrow Account Information</b>	
(1) Current account monthly credit	\$ 23k(1).
(2) Current account balance	\$ 23k(2).
(3) Account amount disbursed to the family (cumulative as of end of reporting period)	\$ 23k(3).
<b>23m. Exit Information (complete only for Exit Report)</b>	
(1) Did family complete FSS contract of participation or MTW self-sufficiency program? (Y or N)	
(2) If (1) is Yes, did family move to homeownership? (Y or N)	
(3) If (1) is No, reason for exit:	
<input type="checkbox"/> Left voluntarily	<input type="checkbox"/> Asked to leave program <input type="checkbox"/> Portability move-out
<input type="checkbox"/> Left because essential service was unavailable	<input type="checkbox"/> Contract expired but family did not fulfill obligations